


REV.	DESCRIPTION	DATE	BY	APP'D.
	INITIALS REQUESTS ADDED TP-18 DELETED, TP-20-WB ADDED	09/16	CHS	
CUSTOMER NAME:				
CONTACT:				
PHONE NUMBER:				

1. LIFT CAPACITY: (CHECK ONE)

INITIAL

	TP-20	- 20,000 LB CAPACITY
	TP-20-WB	- 20,000 LB CAPACITY

2. VERIFY POWER SUPPLY BELOW:

POWER SUPPLY: (CIRCLE ONE OF EACH) (SEE NOTE 1)

VOLTAGE	PHASE	CYCLE	
208-220 VAC	1 PHASE	60 HZ	STANDARD
230-240 VAC			
440-480 VAC	3 PHASE	60 HZ	OPTIONAL

SPECIAL:

INITIAL

3. AVAILABLE OPTIONS (Additional Cost):

CHECK ALL THAT APPLY (SEE NOTE 4)

INITIAL

	UNDERGROUND HYDRAULIC LINES
	SWIVEL PADS (HEIGHT ADJUSTABLE LIFTING PADS)
	WEIGHT INDICATION PRESSURE GAUGE
	5 HP, 3 PHASE, HIGH SPEED POWER UNIT (FASTER RAISE SPEED)
	OTHER (SPECIAL):

4. CONCRETE FLOOR THICKNESS & STRENGTH:

_____ INCHES THICK WITH _____ PSI STRENGTH.

* NOTE: STANDARD LIFT REQUIRES 6 1/2" FLOOR THICKNESS.

CONSULT MOHAWK FOR DETAILED SPECIFICATIONS.

INITIAL

5. PROPOSED/REQUESTED DELIVERY DATE: ___/___/___

INITIAL

6. IS THIS FOR A CONSTRUCTION PROJECT: ☐ YES ☐ NO
IF NO, CAN THE LIFT SHIP AT ANYTIME? ☐ YES ☐ NO
IF YES, WHEN SHOULD MOHAWK VERIFY PRODUCTION TIME?

___/___/___, CONTACT: _____, TEL # _____

INITIAL

7. OVERALL BAY LENGTH

SLOPE IN FLOOR (LENGTHWISE)

OVERALL BAY WIDTH

SLOPE IN FLOOR (WIDTHWISE)

OVERALL BAY HEIGHT

OVERHEAD OBSTRUCTIONS, YES OR NO

IF YES, EXPLAIN _____

INITIAL

8. THIS DRAWING HAS BEEN REVIEWED
AND FOUND TO BE ACCEPTABLE TO
ALL CUSTOMER'S SPECIFICATIONS INDICATED.

MOHAWK REPRESENTATIVE

DATE

OWNER, GENERAL CONTRACTOR,
ARCHITECT, FLEET MANAGER,
SHOP MANAGER OR CUSTOMER
(PLEASE CIRCLE ONE ABOVE)
(FULL SIGNATURE)

DATE

TP-20 &
TP-20-WB

FOR SO# _____

SCALE N/A	DRAWN R.V.	MOHAWK RESOURCES LTD.		
CHECKED	APPROVED	TITLE TP-20 DATA VERIFICATION		
DATE 3/09	WEIGHT N/A LB.	FROM	DRAWING NUMBER ZZ1178-A-002	